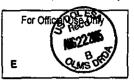
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 10846	2 Fiscal Year Covered From 1 /1 /04 Through 12 / 31 / 04					
3 Name and address of person filing Name Ricky R. Reed	4 Name, file number, and address of labor organization Name Laborers' Local 727 Labor Organization File Number 00/746					
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any					
Street 2119 Dodge St.	Street 768 Bloody Gulch Rd.					
City Dixon	City Dixon					
State Illinois ZIP Code + 4 61021	State Illinois ZIP Code + 4 61021					
5 Position in labor organization Auditor						

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transact monetary value from an employer whose	tions (including loans) with, or c e employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including tr	ade name, if any)	7.a Nature of Interest, Transaction, or Income Please be advised that, based on the
Name	:	records that are currently in my possession related to the calendar year
Trade Name, if any	•	2004, I do not have, to the best of my knowledge, any LM-30 reportable transa
P O Box, Bldg , Room No , if any	-	transactions. I am filing this form in order to qualify as part of the DOL 7b Amount.
Street		amnesty filing for 2004 and the prior five years.
City		
State	ZIP Code + 4	

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed

icky A. Keed

n 8-15-05

-718-0678

Dat

Telephone Number

substantial part of which consists of buying of an employer whose employees your labor (2) any part of which consists of buying fror dealing with your labor organization or with	from, selling or leasing to, or other or organization represents or is active in or selling or leasing directly or ind	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8 Name and address of Business (including	trade name, if any)	9 Business deals with
Name		a Labor Organization
Trade Name, if any		b Trust
P O Box, Bldg , Room No , If any		c. Employer
Street		
City		
State	ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or em	nployer's name	11 a Nature of such dealing
Name		Same as section 7Acof this report
Trade Name, if any		,
P O Box, Bldg , Room No , if any	<u>.</u>	,
Street		11.b Approximate dollar value of such dealing
City		12 a Nature of interest held or income received
State	ZIP Code + 4	
		,
		12 b Amount.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)		14 8	14 a Nature of payment.						
Name			Same	as	section	7A	of	this	report
Trade Name, if any									
P O Box, Bidg , Room No , if any									
Street									
City									
State	ZIP Code + 4								
13 b Is the Business an Employer	or Consultant ?	141	Amount	of payr	nent.				